|   | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | STATE OF CALIFORNIA | | | | | | | | | Budget Year 2009-10 |
| 2 | CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) | | | | | | | Org Code: | | |
| 3 | FISCAL IMPACT WORKSHEET | | | | | | | COBCP #: | | |
| 4 | Department Title: | | | | | | | Priority: | | |
| 5 | Project Title: | | | | | | | Proj ID: | | |
| 6 | Program Category: | | | | | | | MA/MI: | | |
| 7 | Program Subcategory: | | | | | | | | | |
| 8 | | | | Existing Authority | January 10 Action | April 1 Action | May 1 Action | Special Action | Net Legis Changes | Project Total |
| 9 | FUNDING | | | | | | | | | |
| 10 | org-ref-fund-yoa-yob      ph     action | | | | | | | | | |
| 11 | | | | | | | | | | 0 |
| 12 | | | | | | | | | | 0 |
| 13 | | | | | | | | | | 0 |
| 14 | | | | | | | | | | 0 |
| 15 | | | | | | | | | | 0 |
| 16 | | | | | | | | | | 0 |
| 17 | | | | | | | | | | 0 |
| 18 | | | | | | | | | | 0 |
| 19 | | | | | | | | | | 0 |
| 20 | | | | | | | | | | 0 |
| 21 | | | | | | | | | | 0 |
| 22 | | | | | | | | | | 0 |
| 23 | | | | | | | | | | 0 |
| 24 | | | | | | | | | | 0 |
| 25 | TOTAL FUNDING | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | PROJECT COSTS | | | | | | | | | 0 |
| 27 | Study | | | | | | | | | 0 |
| 28 | Acquisition | | | | | | | | | 0 |
| 29 | Preliminary Plans | | | | | | | | | 0 |
| 30 | Working Drawings | | | | | | | | | 0 |
| 31 | Total Construction | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Equipment (Group 2) | | | | | | | | | 0 |
| 33 | TOTAL COSTS | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | CONSTRUCTION DETAIL | | | | | | | | | 0 |
| 35 | Contract | | | | | | | | | 0 |
| 36 | Contingency | | | | | | | | | 0 |
| 37 | A&E | | | | | | | | | 0 |
| 38 | Agency Retained | | | | | | | | | 0 |
| 39 | Other | | | 0 | | | | | | 0 |
| 40 | TOTAL CONSTRUCTION | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 41 | FUTURE FUNDING | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42 | | | | | | | | | | |
| 43 | SCHEDULE | | | mm/dd/yyyy | | PROJECT SPECIFIC CODES | | | | |
| 44 | Study Completion | | | | | Proj Mgmt: | | Location: | | |
| 45 | Acquisition Approval | | | | | Budg Pack: | | County: | | |
| 46 | Start Preliminary Plans | | | | | Proj Cat: | | City: | | |
| 47 | Preliminary Plan Approval | | | | | Req Legis: | | Cong Dist: | | |
| 48 | Approval to Proceed to Bid | | | | | Req Prov: | | Sen Dist: | | |
| 49 | Contract Award Approval | | | | | SO/LA Imp: | | Assm Dist: | | |
| 50 | Project Completion | | | | | | | | | |

| | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| 51 | **STATE OF CALIFORNIA** | | | | | | | | **Budget Year 2009-10** | |
| 52 | **CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)** | | | | | | | | Org Code: | 0 |
| 53 | **FISCAL DETAIL WORKSHEET** | | | | | | | | COBCP #: | 0 |
| 54 | Department Title: | 0 | | | | | | | Priority: | 0 |
| 55 | Project Title: | 0 | | | | | | | Proj ID: | 0 |
| 56 | Program Category: | 0 | | | | | | | MA/MI: | 0 |
| 57 | Program Subcategory: | 0 | | | | | | | | |
| 58 | *Identify all items which fit into the categories listed below. Attach a detailed list if funding is included in this request. Provide descriptions and summary estimates for items for which you plan to request funding in the future. When possible, identify funding needs by fiscal year (BY+1 through BY +4).* | | | | | | | | | |
| 59 | | | | | | | | | | |
| 60 | | | | | | | | | | |
| 61 | **PROJECT RELATED COSTS** | | | | | | | | **COST** | **TOTAL** |
| 62 | AGENCY RETAINED: | | | | | | | | | |
| 63 | | | | | | | | | | |
| 64 | | | | | | | | | | |
| 65 | | | | | | | | | | |
| 66 | | | | | | | | | | |
| 67 | | | | | | | | | | |
| 68 | | | | | | | TOTAL AGENCY RETAINED | | | 0 |
| 69 | GROUP 2 EQUIPMENT | | | | | | | | | |
| 70 | | | | | | | | | | |
| 71 | | | | | | | | | | |
| 72 | | | | | | | | | | |
| 73 | | | | | | | | | | |
| 74 | | | | | | | | | | |
| 75 | | | | | | | | | | |
| 76 | | | | | | | | | | |
| 77 | | | | | | | | | | |
| 78 | | | | | | | TOTAL GROUP2 EQUIPMENT | | | 0 |
| 79 | | | | | | | | | | |
| 80 | **IMPACT ON SUPPORT BUDGET** | | | | | | | | **COST** | **TOTAL** |
| 81 | ONE-TIME COSTS | | | | | | | | | |
| 82 | | | | | | | | | | |
| 83 | | | | | | | | | | |
| 84 | | | | | | | | | | |
| 85 | | | | | | | TOTAL SUPPORT ONE-TIME COSTS | | | 0 |
| 86 | ANNUAL ONGOING FUTURE COSTS | | | | | | | | | |
| 87 | | | | | | | | | | |
| 88 | | | | | | | | | | |
| 89 | | | | | | | | | | |
| 90 | | | | | | | TOTAL SUPPORT ANNUAL  COSTS | | | 0 |
| 91 | ANNUAL ONGOING FUTURE SAVINGS | | | | | | | | | |
| 92 | | | | | | | | | | |
| 93 | | | | | | | | | | |
| 94 | | | | | | | | | | |
| 95 | | | | | | | TOTAL SUPPORT ANNUAL SAVINGS | | | 0 |
| 96 | ANNUAL ONGOING FUTURE REVENUE | | | | | | | | | |
| 97 | | | | | | | | | | |
| 98 | | | | | | | | | | |
| 99 | | | | | | | | | | |
| 100 | | | | | | | TOTAL SUPPORT ANNUAL REVENUE | | | 0 |

| | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| 101 | STATE OF CALIFORNIA | | | | | | | | Budget Year 2009-10 | |
| 102 | CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) | | | | | | | | Org Code: | 0 |
| 103 | SCOPE/ASSUMPTIONS WORKSHEET | | | | | | | | COBCP #: | 0 |
| 104 | | | | | | | | | Priority: | 0 |
| 105 | Department Title: | 0 | | | | | | | Proj ID: | 0 |
| 106 | Project Title: | 0 | | | | | | | MA/MI: | 0 |
| 107 | Program Category: | 0 | | | | | | | | |
| 108 | Program Subcategory: | 0 | | | | | | | | |
| 109 | *Project Specific Proposals:* For new projects provide proposed Scope language. For continuing projects provide the latest approved Scope language. Enter Scope language in cell A111. If you get a message that A111 is full, continue the description in A112-A115. | | | | | | | | | |
| 110 | *Conceptual Proposals:* Provide a brief discussion of proposal defining assumptions supporting the level of funding proposed by fiscal year in relation to outstanding need identified for that fiscal year. (BY in cell A 111-A115; BY +1 in cell A117-A120; BY+2 in cell A122-A125; BY+3 in cell A127-A130; and BY+4 in cell A132-A135.) | | | | | | | | | |
| 111 | | | | | | | | | | |
| 112 | | | | | | | | | | |
| 113 | | | | | | | | | | |
| 114 | | | | | | | | | | |
| 115 | | | | | | | | | | |
| 116 | *Enter BY+1 in cell A117:* | | | | | | | | | |
| 117 | | | | | | | | | | |
| 118 | | | | | | | | | | |
| 119 | | | | | | | | | | |
| 120 | | | | | | | | | | |
| 121 | *Enter BY+2 in cell A122:* | | | | | | | | | |
| 122 | | | | | | | | | | |
| 123 | | | | | | | | | | |
| 124 | | | | | | | | | | |
| 125 | | | | | | | | | | |
| 126 | *Enter BY+3 in cell A127:* | | | | | | | | | |
| 127 | | | | | | | | | | |
| 128 | | | | | | | | | | |
| 129 | | | | | | | | | | |
| 130 | | | | | | | | | | |
| 131 | *Enter BY+4 in cell A132:* | | | | | | | | | |
| 132 | | | | | | | | | | |
| 133 | | | | | | | | | | |
| 134 | | | | | | | | | | |
| 135 | | | | | | | | | | |